

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1					
17		1				
18		1				
19		1				
20		4				
21		4				
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29		4				
30		4				
31		4				
32		4				
33	1					
34		1				
35		1				
36		2				
37		2				
38		2				
39		2				
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		2				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		2				
55		2				
56		2				
57		2				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						